

PATENT APPLICATION SERIAL NO. 10/521035

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

01/19/2005 SMAJARRO 00000032 10521035

01 FC:1631 300.00 OP
02 FC:1632 500.00 OP
03 FC:1633 200.00 OP

Replus Ref: 01/20/2005 JANDERSU 0016352200
001529 Name/Number: 10521035
FC: 9234 \$100.00 CR

07/20/2005 JANDERSU 00000004 10521035

400.00 OP

02 FC:1632 -500.00 OP

07/20/2005 JANDERSU 00000007 501529 10521035

01 FC:1616 300.00 DA

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-19-05 2 Serial/Patent # 10/521035

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

10 REASON:	7 TOTAL AMOUNT OF REFUND	\$ 100
	8 TO BE REFUNDED BY:	
	Treasury Check	
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment	9	50 -- 1529
No Fee Due (Explanation):		

11 REFUND REQUESTED BY:	TYPED/PRINTED NAME: <u>John Anderson</u>	TITLE: <u>Paralegal Specialist</u>
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>
OFFICE: <u>PTO DO/EO</u>		*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:		
APPROVED: _____	DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B